

Global Ibogaine Therapist Alliance

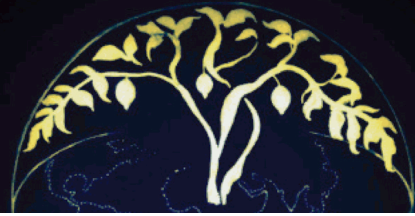
[www.ibogainealliance.org](http://www.ibogainealliance.org)



**GITA's 3<sup>rd</sup> International Conference on Ibogaine**  
**October 2<sup>nd</sup> - 6<sup>th</sup>**  
**Vancouver, BC, Canada**

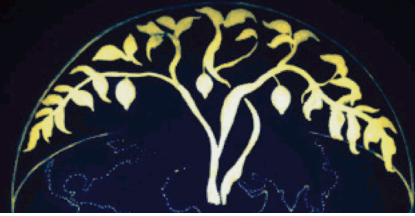
**Event Summary**

Prepared by Jonathan Dickinson  
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## Contents

<b>Introduction .....</b>	<b>2</b>
<i>Summary Overview</i>	2
<i>Meeting in Vancouver</i>	3
<b>Members Gathering .....</b>	<b>5</b>
<i>New Research and Legislation from Around the World</i>	5
<i>Sustaining the Legacy of Tabernanthe Iboga</i>	7
<i>The Evolving Role of GITA</i>	8
<i>Intake, Integration and Safety in Ibogaine Treatments</i>	9
<b>Public Presentation: The Northwestern Door .....</b>	<b>10</b>
<b>Post-Conference Training Module .....</b>	<b>12</b>
<b>Acknowledgements .....</b>	<b>13</b>
<b>Next Steps.....</b>	<b>14</b>



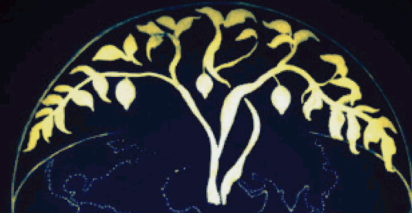
## Introduction

- **Summary Overview**

Between October 2<sup>nd</sup> and 6<sup>th</sup>, The Global Ibogaine Therapist Alliance (GITA), hosted its 3<sup>rd</sup> international conference on iboga and ibogaine research and practice in Vancouver, Canada. This event consisted of 4 days of private meetings for GITA members and one day of public presentations. In addition, several GITA members offered a two-day post-conference training module (October 8<sup>th</sup> to 9<sup>th</sup>), the first of its kind, attended by physicians and aspiring lay therapists.

Including our online participants and presenters, attendance included over 80 guests, representing 17 countries on 6 continents. The caliber of the presentations demonstrated a strengthening community of dialogue, and the discussions revealed some clear directions for future efforts.

This report is designed to give a general sense of the content and outcomes of this meeting for our members, partners, and supporters around the world.



## Introduction

### • Meeting in Vancouver

GITA is a global organization, and only a handful of its members work within Canada. Vancouver has been home to The Iboga Therapy House, which was open intermittently for almost 10 years between 2002 and 2012, but outside of this example Canada has not otherwise seen a wide development of ibogaine treatment options in any form. This might be attributed to a variety of factors.

There were a number of reasons why GITA chose Vancouver as a conference location. The city is deeply woven into the historical drug policy narrative, where racial policies set the precedential tone for global drug war on drugs, and as a counterpoint to that, over the past several decades, Vancouver has also become an exemplar for other cosmopolitan cities of what it is possible to accomplish with harm reduction initiatives and activism. The political ecology of Vancouver has supported these projects, and as a cursory and singular example of its progressive stance towards psychedelic medicines, in 2006, Donald MacPherson, then the city's drug policy advisor, produced a report recording that powerful 'hallucinogens' such as ayahuasca and peyote could offer addicts and others "profound benefits."<sup>1</sup>

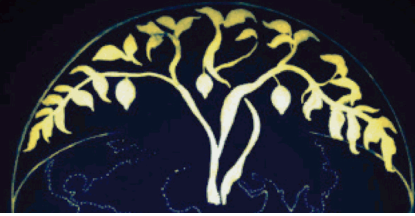
The same report goes on to suggest that the city of Vancouver forge ties across all levels of health care and communities and facilitate "exploration, study and application of traditional medicines and rituals and of evidence-based alternative approaches towards the prevention, healing and recovery from problematic substance use."

Regardless of the impact of this and other similar reports, they reveal an invaluable and outspoken network of allies who are open to the possibility of supporting ibogaine treatment and research in the future.

Dr. Gabor Mate, the bestselling author of *In The Realm of Hungry Ghosts: Close Encounters with Addiction*, who recently stimulated media controversy and a Health Canada reprimand for his work using ayahuasca as a post-detox therapy for recovering drug addicts, offered his advance support for this conference:

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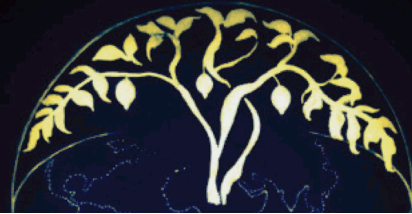
<sup>1</sup> Following the Evidence: Preventing Harms from Substance use in British Columbia (BC Ministry of Health, 2006)



*Ibogaine is a plant with nearly miraculous properties in the treatment and healing of opiate addictions – in the right hands and the right context, actually and potentially far more rapid in effect and far more helpful than any pharmaceutical devised by mainstream science. It ought to be studied widely and this conference is a necessary step in that direction.*

Further, Mark Haden, chair of the Board of Directors of the Multidisciplinary Association for Psychedelic Studies Canada, has identified ibogaine research and treatment as one of MAPS Canada's primary interests.

The conference is primarily an internal meeting of peers in the ibogaine community. Although it was in some way extraneous to these goals, GITA hoped to connect with the greater network of activists and organizations in Vancouver in order to better support future treatment or researchers projects in Canada. Additionally, GITA is seeking to incorporate as a federal not-for-profit within Canada because of potential funding opportunities and media profile. Considering the unscheduled status of ibogaine within Canada, Vancouver has both local and global strategic potential.

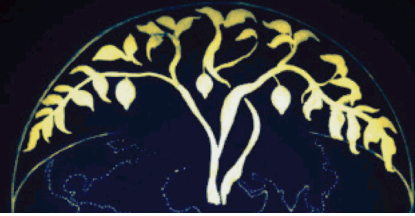


## Members Gathering

### • New Research and Legislation from Around the World

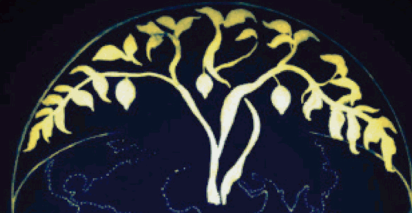
The conference attendance showed close to an 80% increase from the previous event in Barcelona, Spain in 2010, and an additional 20% when including those who took part via our first attempt at broadcasting a live stream. This general increase may be partially due to the accessibility of the American continent for many participants, but it also represents a real growth in the community of dialogue around ibogaine, and the steady emergence of GITA as the primary forum for this discussion.

- In February, 2010, Medsafe New Zealand scheduled ibogaine as a non-approved prescription medication under section 25 of the 1981 medicines act. Tanea Paterson, Director of the Ibogaine Aotearoa Charitable Trust (I.ACT), as well as Dr. Cornelius van Dorp, presented on their development of ibogaine treatments in the South and North of New Zealand respectively.
- Dr. Migel Angel Bianucci, from Buenos Aires, presented on the legal requirements of providing treatment in Argentina, as well as some of the challenges he faced as a medical professional seeking training, and a verifiable supply of ibogaine. It's presumable that his experiences would be similar to other physicians in Latin America.
- Updates on new research included a presentation on the preliminary results of MAPS' first observational study. Dr. Thomas Kingsley Brown of the University of California at San Diego (UCSD) reported significant reduction in scores relating to withdrawal, depression and anxiety, and a long-term reduction in the event and severity of relapse relative to other detoxification options, even without the provision of aftercare.
- Dr. Geoffrey Noller, principal investigator on MAPS' forthcoming observational study, spoke on some of the updates to the study's protocol, as well as the benefits of researching treatments under New Zealand's positive legislative framework.
- Dr. Roman Paskulin of Slovenia shared his understanding of ibogaine's effect on energy metabolism. He concluded, in keeping with the experience of some providers in the community, that ibogaine treatment may be safer and more with more long-term effective if a flood dose is administered post-acute detox when the body's energy metabolism has recovered from the compounded stress of physiological addiction.



- Rocky and Asha Caravelli of the Awakening in the Dream House in Nayarit, Mexico, have spent the past 7 years developing a dynamic treatment protocols, and have seen a large community of former clients and ibogaine providers grow around them. They are beginning to articulate, to a new generation of ibogaine providers, lessons learned through their own intuitive process with clients, and the language of dreams that is particular to iboga.
- Adrian Auler, MA, from the California Institute for Integral Studies (CIIS) in San Francisco, shared his developing doctoral work on using the evidence of ibogaine to revision the psychodynamics of opiate addiction using the language of Jungian Depth and fourth wave psychologies.
- It is worthwhile to note, although this announcement wasn't made until the public presentation, after the conclusion of the GITA meeting, that Dr. Raul Morales of Puerto Vallarta, Mexico, announced the approval granted by the ethics board at the University of Guadalajara for a phase I and II open, single dose, escalating fixed dose study of the safety and efficacy of ibogaine in opioid-dependent subjects.

This list is not conclusive, but sheds some light on some of the general themes present in the discussions. Other researchers from various backgrounds shared content relating to some of the standing questions about integration, aftercare, addiction models, and other specific topics relative to dosing, all of which were invaluable. Where possible, presentations have been made available in a private archive for future access by GITA providers.



## Members Gathering

- **Sustaining the Legacy of *Tabernanthe iboga***

As information about the delicate and possibly endangered state of *tabernanthe iboga* supplies in Gabon becomes more accessible, GITA is finding it increasingly important to build a bridge for dialogue between the global treatment community and the traditional African communities using iboga ritually.

Great effort was made to invite representation from Gabon to attend the meeting. However, although progress was made and connections developed, this will require more time and concrete planning in the future.

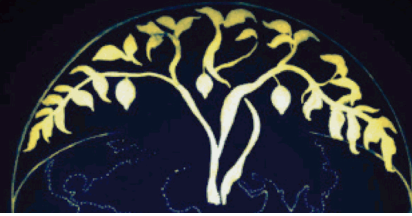
Despite technical challenges, GITA did receive a presentation from Yann Guignon, a volunteer at the Ebando Association outside Libreville, and author of a 2011 report on the state of Iboga for the First Lady's Foundation in Gabon, which was presented to President Bongo. Guignon shared that iboga's endangerment is related in part to the radical increase in market value given growing global demand. However, many other factors play a role, such as the relative difficulty of iboga cultivation and harvest, the urbanization of the Gabonese population, the growing Christian influence on Gabonese religion, heavy deforestation as Gabon economizes the resources of its vast rainforests, and the encroaching effects of global climate change.

This conversation has opened the way for future discussion to unfold as GITA begins to develop an understanding of these dimensions, and to respond creatively.

Longtime ibogaine advocate, Bob Sisko of Phytostan Pharmaceuticals, presented on his ongoing development of a GMP (clinical grade) source of ibogaine produced semi-synthetically from voacangine, an extract of voacanga tree bark. This source is already grown agriculturally in more than sufficient supply in other parts of Africa such as Ghana. This development is important not only because it represents a more sustainable route of ibogaine production, but also because it is the only preparation presently suitable for use in phase 2 clinical trials.

GITA also heard presentations from members who work ceremonially with iboga outside of Africa. This included Robert Payne of IbogaLife, and his organization's work bringing Bwiti ritual to the lay provision of detox therapy, work which helps to provide a shared cultural experience base and language between Gabon and the ibogaine medical subculture.





## Members Gathering

### • The Evolving Role of GITA

GITA was founded during its first international conference in Sayulita, Mexico in 2009. Since then it has developed as a loose global network of physicians, researchers, lay therapists, underground providers, ceremonialists, and activists.

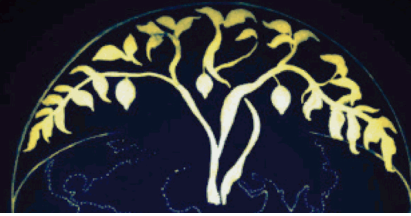
During our meeting in Vancouver, GITA formulated a standing board of directors with the task of registering GITA as a federal not-for-profit corporation within Canada. This board of directors consists of Anwar Jeewa (South Africa), Tanea Paterson (New Zealand), Boaz Watchel (Israel), Chris Jenks Ph.D (California, USA), Clare Wilkins (Mexico), Jasen Chamoun (Australia), Ben De Loenen (Spain), Norma Lotsof (New York, USA), and Jonathan Dickinson (Canada).

In order to define its structure in keeping with its natural development, GITA will adopt a philosophy of radical inclusiveness modeled after drug user unions such as the International Coalition for Addict Self Help (ICASH) and the International Network of People Who Use Drugs (INPUD). Its projects will include the synthesis and maintenance of a Minimum Standards of Care document for the purpose of informing future legislations.

GITA will also take over the function previously held by the Dora Weiner Foundation, under the guidance of the late Howard Lotsof, of inspecting Incidence and Grievance Reports, which can be filed by anyone who has undergone ibogaine therapy. Filing this report is one of the rights designated to patients undergoing ibogaine therapy in the Ibogaine Patients' Bill of Rights.

GITA will develop and provide universal documents for ibogaine patients and providers, such as informed consent documents and other treatment contracts.

Over the next several months, the standing Board of Directors will outline GITA's organizational framework. Our definitions of membership will be articulated with the radical inclusivity of a drug user union, in order to accommodate the diverse spectrum of participants in the community. In addition to handling I&G reports, GITA will provide legal and peer support for ibogaine patients and providers whenever possible, however, it will not be responsible for the actions or practices of its individual members.



## Members Gathering

### • Intake, Integration and Safety in Ibogaine Treatments

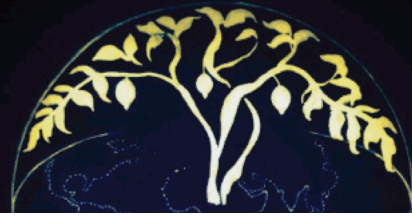
The safety of ibogaine treatments is a core topic in the discussion of provision. Central to this is the work of Dr. Kenneth Alper, associate professor of psychiatry and neurology at the New York University School of Medicine, who presented on his recent paper *Fatalities temporarily associated with the ingestion of ibogaine*. The evidence that Alper has collected so far suggests that fatalities have only occurred where there are key risk factors present which are ancillary to the ingestion of ibogaine.

*Advanced preexisting medical comorbidities, which were mainly cardiovascular, and/or one or more commonly abused substances explained or contributed to the death in 12 of the 14 cases for which adequate postmortem data were available. Other apparent risk factors include seizures associated with withdrawal from alcohol and benzodiazepines and the uninformed use of ethnopharmacological forms of ibogaine.*

Following Alper's presentation, providers participated in a miniature Mortality and Morbidity conference (M&MC), discussing in detail several cases that recently resulted in fatality or medical emergency. The level of transparency that was brought into the discussion was valuable on a community level, and these observations continue to immediately inform intake, treatment, and integration protocols, as well as training and peer-to-peer communication.

Presently, treatments occur in settings ranging from medically supported clinics, through underground treatments in hotel rooms, to self-treatment with products purchased over the internet that are delivered with simple treatment protocols by the suppliers. It is clear that safety is a primary concern, and that a minimum level of care should at least be present for anyone undergoing treatment. However, there are clear barriers to standardizing, promoting, and enforcing these minimums.

As mentioned in the previous section, GITA plans to support the development of these standards, which can, at least, be used as guidance for the development of future positive legislation. In addition, GITA will provide public education to provide those seeking treatment with the means of accessing safe and effective care, and will continue to provide forums for these discussions to become more effective, and more intensive training to be available.



## Public Presentation: The Northwestern Door

The day following GITA's members meeting was dedicated to a series of public events, the primary of which was a public panel in the Segal Room at the SFU Harbour Centre. This consisted of presentations by several key members of the GITA community. Their contributions are briefly described below.

Dr. Kenneth Alper, from the New York University School of Medicine, gave a general overview of preclinical research data describing ibogaine's effectiveness at interrupting opiate addiction, as well as his earlier ethnographical research defining what he and Howard Lotsof referred to as the ibogaine medical subculture. He further outlined some of the questions he currently faces in cataloguing the standing theories about ibogaine's pharmacological mechanism of action.

Dr. Thomas Kingsley Brown, professor at the University of California at San Diego, presented on the results of the recently completed MAPS observational study of opioid addicted patients undergoing ibogaine treatment at Pangea Biomedics in Tijuana, Mexico. These results are keeping with anecdotal reports in that, even without long-term aftercare, ibogaine was shown to be very successful in reducing the cases and long-term severity of relapse, during a follow-up period of up to 12 months.

Sandra Karpetas, former Director of the Iboga Therapy House, gave an overview of their program's structure and history as an example of ibogaine treatment offered in Canada. Her program stands amongst the longest running in the world, and her work on safety standards in a non-physician supported environment has elevated standards of treatment in Canada.

Tanea Paterson, addictions counselor and the Director of the Ibogaine Aotearoa Charitable Trust in New Zealand, presented on New Zealand's legal framework, where physicians are able to prescribe treatments to be administered by lay therapists. She and her peers working under this precedential model are contributing greatly to outlining international standards of care for medically assisted detoxes.

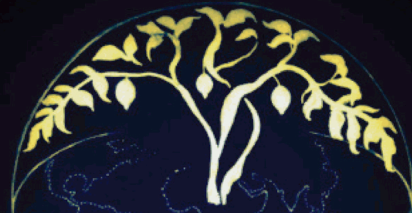
Clare Wilkins, Director of Pangea Biomedics in Nayarit, Mexico, presented on her the work in Mexico, referencing the "Rat Park" study conducted by Dr. Bruce Alexander at SFU in the late 1970s. Her association between the increased horizons that clients experience post-ibogaine treatment, and the post-treatment atmosphere in Nayarit, with the results of Dr. Alexander's



study provided a narrative thread which also effectively characterizes the ibogaine movement in key ways. Wilkins also introduced Dr. Raul Morales of Puerto Vallarta, Mexico, and their collaboration on a phase I and II open, single dose, escalating fixed dose study of the safety and efficacy of ibogaine in opioid-dependent subjects. The protocol for this study was recently approved by the ethics committee at the University of Guadalajara.

The panel was designed to educate front-line addictions workers, physicians, drug users, and researchers in Canada, about the current state of knowledge about ibogaine, as well as its potential to be made available in Canada, and particularly near Vancouver, as a treatment modality.

In total, the public panel drew about 150 guests, and the subsequent film screening of *I'm Dangerous With Love*, featuring an interview with the documentary subject Dimitri "Mobengo" Mugianis, at the W2 Media Café, an additional 40 participants.



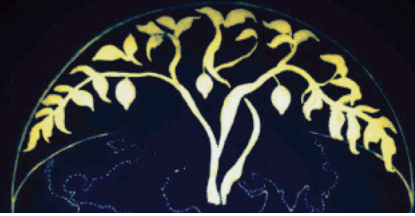
## Post-Conference Training Module

The module was facilitated by Clare Wilkins of Pangea Biomedics in Nayarit, Mexico; Anwar Jeewa of Minds Alive in Durban, South Africa; Christopher Laurance of the Root Home in Nayarit, Mexico; with input from Asha Caravelli of Awakening in the Dream House, also in Nayarit, and other providers. 28 practicing and aspiring providers were present, including several physicians.

So far, clinical evidence and practice is centered on single high-dose administrations of ibogaine in order to interrupt addiction. Aside from this model and standard treatment outlines, which include phases of the treatment process, screening, intake, and post treatment integration, the emphasis of this workshop was on responding to certain high-risk patients with progressive, low-dose protocols using root bark and total alkaloid.

The case studies presented show evidence that this method can reduce the risks involved, and in some instances actually correct certain physiological risk factors.

Several iboga and ibogaine providers have offered one-on-one treatment training at various times over the past several decades, however, this model of providing information intensives with a collective of providers, while discussed, has never been attempted. In the absence of a treatment manual or licensed medical institutions, it is likely that other physicians looking to provide treatments in the future will look for access to similar modules. In addition to valuable discussions, this module brought into sharper focus the needs of running such a program, which will be discussed by the standing Board of Directors.

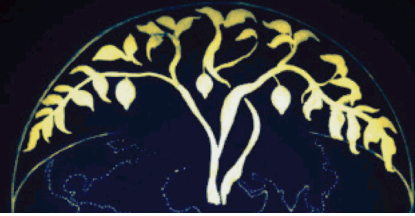


## Acknowledgements

Gratitude is due in particular to the Matthew Kidd and the Canadian Students for Sensible Drug Policy ([www.cssdp.org](http://www.cssdp.org)) chapter from Simon Fraser University, as well as the Simon Fraser Student Society, without whom the conference would have been impossible.

In addition, a debt of thanks is due to our other community partners in Vancouver, especially Ann Livingston and the Vancouver Area Network of Drug Users ([www.vandu.org](http://www.vandu.org)), Mark Haden and the Multidisciplinary Association for Psychedelic Studies Canada ([www.maps.org](http://www.maps.org)), the Conscious Living Network, the Spirit Plant Medicine Conference ([www.spiritplantmedicine.com](http://www.spiritplantmedicine.com)), and the Evolver Vancouver Spore.

Not least, we have to thank our international partners who provided technical vision and assistance, the International Center for Ethnobotanical Education Research and Service ([www.iceers.org](http://www.iceers.org)), the Multidisciplinary Association for Psychedelic Studies (US), and the Evolver Social Network ([www.evolver.org](http://www.evolver.org)).



## Next Steps

In summary of the conclusions reached above, the standing board of Directors of GITA will undergo the necessary steps towards incorporating GITA as a federal not-for-profit entity in Canada. In addition, GITA will...

- Define and implement a system of membership.
- Pursue rebranding with a chosen design firm and develop a stronger web presence.
- Seek operational funding for staff positions, and project funding for future conference and other projects described below.
- Provide educational materials about treatment protocols for members of the public who are considering ibogaine treatment.
- Develop a system for collecting and assessing Incidence and Grievance Reports, as previously collected by the Dora Weiner Foundation.
- Collaborate with government and non-government organizations in Gabon and elsewhere to support the sustainability of *tabernanthe iboga*.
- Pursue opportunities to share information between traditional communities in West Africa and clinical providers.
- Develop Minimum Standards of Care, and information about legislative frameworks for the purposes of supporting future positive legislations.
- Support the development of ibogaine as a prescription medicine through multi-phase clinical trials.
- Promote existing research and continue to support members who are engaged in all form of academic study.
- Assess the logistical requirements of an international database for clinical treatment information, analysis and metrics.
- Assist in the development of training materials.
- Continue to host an international conference at least bi-annually.
- Utilize technical resources to facilitate discussions between providers outside of conferences.